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Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

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School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

		Hele	na, M	Г 59620-25	01		ochool Bus i	Tansportatio	,,,,
DUE DATES:	DUE DATES:  First Semester  February 1 to County Superintendent  February 15 to State Superintendent							Second Seme o County Supe o State Superi	erintendent
COMPL	ETE TH	IS CLAIM FO	OR STA	TE REIME	BURSEMEN	NT FOR SCH	IOOL BUS TRA	NSPORTATIO	ON:
This claim is for the period beginning						20 and er	0	nonth	, 20 day
CERTIF	ICATIO	N:							
The infor	mation on	this form is comp	lete and	accurate to the	e best of my kn	owledge.			
Date	Signature, Chair, Board of Trustees								
County: District:								Distric	ct Level:
28 Madison 0537 Sheridan Elem								Elen	nentary
Percentage	District #	Route #	·	Miles Per Dav	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #

08/12/05

08/12/05

08/12/05

08/12/05

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Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501 Helena, MT 59620-2501

**School District Claim for State Reimbursement for School Bus Transportation** 

State	
District	
County	

<b>D</b>	First Semester	Second S
DUE	February 1 to County Superintendent	May 10 to County S
DATES:	February 15 to State Superintendent	May 24 to State Su
COMPLE	TE THIS CLAIM FOR STATE REIMBURSEMENT FOR	SCHOOL BUS TRANSPORTA

DUE DATES:	First Semester February 1 to County Superintendent February 15 to State Superintendent						May 2	0 to County 4 to State S	uperinte	ntendent endent
COMPL	ETE TH	IS CLAIM FO	R STA	TE REIME	BURSEMEN	T FOR SCH	OOL BUS TR	RANSPORT	<u> </u>	•
This clain	n is for the	period beginning	J		,	20 and en	ding		,	20
			]	nonth	day			month	d	ay
CERTIFI	[CATIO]	N:								
The infor	mation on	this form is comp	lete and	accurate to the	e best of my kn	owledge.				
Date	Signature, Chair, Board of Trustees									
County:			District:						District Le	evel:
28 Madi	son		0538 Sheridan H S						High S	School
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection		ays rated	Bus Driver's Social Security #
53	5	1		54	1.15	53	08/12/05			
53	5	2		52	1.15	59	08/12/05		_	
53	5	3		53	1.15	53	08/12/05			
53	5	4		152	1.36	66	08/12/05			

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**School District Claim for** State Reimbursement for **School Bus Transportation** 

State	
District	
County	

<b>DUE</b>
DATES

## **Second Semester** First Semester February 1 to County Superintendent May 10 to County Superintendent **}**: February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 28 Madison 0540 Twin Bridges K-12 Schools **High School** District Route Miles Rate Days **Bus Driver's** Per Mile Operated Social Security # Percentage # # Per Day Capacity Inspection 100 7 1 79 1.36 60 08/03/05 7 2 100 54 1.36 60 08/03/05 100 7 3 81 54 08/03/05 1.15 7 4 0.95 100 84 48 08/03/05 100 7 5 76 08/03/05 1.36 60

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**Linda McCulloch, Superintendent** Office of Public Instruction PO Box 202501 Helena, MT 59620-2501

## **School District Claim for State Reimbursement for School Bus Transportation**

State	
District	
County	

	First Semester	Second S
DUE	February 1 to County Superintendent	May 10 to County S
<b>DATES:</b>	February 15 to State Superintendent	May 24 to State Su

DUE DATES:		First Semester February 1 to County Superintendent February 15 to State Superintendent					Second Semester May 10 to County Superintendent May 24 to State Superintendent			
COMPLI	ETE THI	IS CLAIM FO	R STA	TE REIME	BURSEMEN	T FOR S	CHOOL	L BUS TRA	NSPORTATION	•
This claim is for the period beginning								20 .		
				nonth	day		month day			
CERTIF	ICATIO	N:								
The infor	mation on	this form is comp	lete and	accurate to the	e best of my kno	owledge.				
Date			Signatur	e, Chair, Board	d of Trustees					
County:			District:				District Level:			
28 Madison 0543 Harris				Harrison	on K-12 Schools			High School		
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	y 1	Inspection	Days Operated	Bus Driver's Social Security #
100	23	1		104	0.95	16		None		
100	23	2		80	1.15	59		None		
100	23	3		33	1.15	59		None		
							I			

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Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501

**School District Claim for State Reimbursement for School Bus Transportation** 

State	
District	
County	

<b>DUE</b>
DATES

Helena, MT 59620-2501								•		
DUE DATES:		February 1 February 15	to Cou				Second Semester May 10 to County Superintendent May 24 to State Superintendent			
COMPL	ETE TH	IS CLAIM FO	R STA	TE REIMB	URSEMEN	T FOR SC	HOOL BUS TRA	NSPORTATION:		
This claim is for the period beginning								20		
			İ	month	day		month day			
CERTIF	ICATIO	N:								
The infor	mation on	this form is comp	lete and	accurate to the	e best of my kno	owledge.				
Date Signature, Chair, Board of Trustees										
County:			District: District Level:					vel:		
28 Madison 0546 Ennis					nis K-12 Schools			High School		
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #	
100	52	1 Meadow Creek		136	1.15	54	08/17/05			
100	52	2 V.C.		88	1.36	66	07/13/05			
100	52	3 Varney		88	1.15	53	07/13/05			
100	52	4 Jack Creek		95	0.95	48	07/13/05			
100	52	5 Camero	n	185	1.15	54	08/17/05			